

E-Z TAX ORGANIZER

version 12.0

CLIENT TYPE

- ☐ Returning Client
- ☐ New Client referred by > Name of Referral _____
- ☐ New Client: Found you on > ☐ Yelp ☐ Google ☐ Facebook Group ☐ Internet Search ☐ Other

FILING STATUS

Check only ONE

- ☐ Single ☐ Married Filing Joint ☐ Married Filing Separate ☐ Head Of Household

TAXPAYER 1

Social Security Number _____ - _____ - _____

First name _____ Middle Initial _____

Last Name _____

Date of Birth (mm/dd/yyyy) ____ / ____ / ____

Occupation(s) (for the tax return we are working on) _____

Phone number(s) _____

Email address _____

TAXPAYER 2 aka SPOUSE

Social Security Number _____ - _____ - _____

First name _____ Middle Initial _____

Last Name _____

Date of Birth (mm/dd/yyyy) ____ / ____ / ____

Occupation(s) (for the tax return we are working on) _____

Phone number(s) _____

Email address _____

ADDRESS

Street Address _____ Apt # _____
 Zip Code _____ City _____ State _____

☐ Check here if you will be moving from this address *RIGHT AFTER* we file this return.

RESIDENCY

Answer this according to where you lived, NOT where you worked.

- ☐ I lived in ONE state during this tax year.
- ☐ I lived in MORE than one state during this tax year.
- ☐ I lived OUT OF THE COUNTRY during this tax year.
- ☐ I lived OUT OF THE COUNTRY for a part of this tax year and in one state.
- ☐ I lived OUT OF THE COUNTRY for a part of this tax year and more than one state. I am a nomad.

FOREIGN ACCOUNTS

ALL CLIENTS MUST FILL THIS OUT SAYS THE IRS!

- ☐ We did NOT have any foreign accounts.
- ☐ We did have foreign account(s) BUT the balance *never* exceeded \$10,000 in any one month.
- ☐ We did have foreign accounts ***AND*** the balance exceeded \$10,000 a month ***at least*** once. I understand that I must fill out Page 9 the Foreign Accounts section.

VIRTUAL CURRENCY

ALL CLIENTS MUST FILL THIS OUT SAYS THE IRS!

- ☐ No, we did **NOT** dabble in virtual currency during this tax year.
- ☐ Yes, we did buy, sell, receive, exchange, and/or dispose of virtual currency during this tax year.

If you checked YES, please check the following if applicable;

- ☐ I sold Bitcoin and am providing you with a form 8949 and/or Schedule D. If I need help obtaining a form 8949, I can try this link; <https://www.cointracker.io/blog/cointracker-coinbase>

DEPENDENTS BEING CLAIMED

DEPENDENT #1

First name _____ Middle Initial _____

Last Name _____

Social Security Number _____ - _____ - _____

Relationship _____

Date of Birth (mm/dd/yyyy) ____ / ____ / ____

☐ I incurred Child Care/Daycare expenses totaling > \$ _____
I must provide info for the Child Care Provider on Page 6 Child & Dependent Care Expense Worksheet.

☐ Dependent is a student AND over 18. School > _____

☐ Dependent is disabled. Disability type > _____

DEPENDENT #2

First name _____ Middle Initial _____

Last Name _____

Social Security Number _____ - _____ - _____

Relationship _____

Date of Birth (mm/dd/yyyy) ____ / ____ / ____

☐ I incurred Child Care/Daycare expenses totaling > \$ _____
I must provide info for the Child Care Provider on Page 6 Child & Dependent Care Expense Worksheet.

☐ Dependent is a student AND over 18. School > _____

☐ Dependent is disabled. Disability type > _____

DEPENDENT #3

First Name & Middle Initial _____

Last Name _____

Social Security Number _____ - _____ - _____

Relationship _____

Date of Birth (mm/dd/yyyy) ____ / ____ / ____

☐ I incurred Child Care/Daycare expenses totaling > \$ _____
I must provide info for the Child Care Provider on Page 6 Child & Dependent Care Expense Worksheet.

☐ Dependent is a student AND over 18. School > _____

☐ Dependent is disabled. Disability type > _____

YOUR ID**ALL CLIENTS MUST FILL THIS OUT SAYS THE IRS****TAXPAYER 1**

1. LICENSE NUMBER OR STATE ID# _____
2. STATE OF ISSUE _____
3. DATE OF ISSUE (mm/dd/yyyy) ____ / ____ / _____
4. DATE EXPIRES (mm/dd/yyyy) ____ / ____ / _____

TAXPAYER 2

1. LICENSE NUMBER OR STATE ID# _____
2. STATE OF ISSUE _____
3. DATE OF ISSUE (mm/dd/yyyy) ____ / ____ / _____
4. DATE EXPIRES (mm/dd/yyyy) ____ / ____ / _____

DIRECT DEPOSIT***We HIGHLY recommend you direct deposit your refunds for minimal headaches.***

Name Of Bank _____

Routing # _____

Account # _____

☐ CHECKING ACCOUNT☐ SAVINGS ACCOUNT**DIRECT DEBIT*****We HIGHLY recommend you direct debit your taxes owed for minimal headaches.***☐ Check here if you want us to use the SAME bank info that you listed above for Direct Deposit.

Otherwise, if using a different account for tax payments, provide that info below.

Name Of Bank _____

Routing # _____

Account # _____

☐ CHECKING ACCOUNT☐ SAVINGS ACCOUNT

IRS PIN

If the IRS issued you a 6-digit identity protection PIN, they send you a NEW one every year.

Taxpayer 1 > _____ Taxpayer 2 > _____

Request a PIN > www.irs.gov/getanippin

Retrieve a PIN > <https://www.irs.gov/identity-theft-fraud-scams/retrieve-your-ip-pin>

Or call 800-908-4490 Monday - Friday, 7 a.m. to 7 p.m.

MULTIPLE STATES OR COUNTRIES

Answer this section ONLY if you lived in more than one state OR out of the country during this tax year.

State _____ <OR> Country _____ Dates of residency > From ____ / ____ / ____ to ____ / ____ / ____

State _____ <OR> Country _____ Dates of residency > From ____ / ____ / ____ to ____ / ____ / ____

State _____ <OR> Country _____ Dates of residency > From ____ / ____ / ____ to ____ / ____ / ____

RENT OR OWN

☐ I **rented** my home all year.

☐ I **owned** my home all year. I will provide Mortgage Interest form 1098 and Property taxes.

☐ I rented part year from ____ / ____ / ____ to ____ / ____ / ____

and I owned part year from ____ / ____ / ____ to ____ / ____ / ____

OBAMACARE

☐ I had OBAMACARE all or part year (even if for just 1 day). I will provide you with form **1095-A**.

EDUCATOR EXPENSES

I am a Kindergarten through Grade 12 teacher, instructor, counselor, principal or aide. Please claim the \$250 Educator Expense for me > Taxpayer 1 > ☐ YES Taxpayer 2 > ☐ YES

CHILDCARE / DAYCARE EXPENSES

You must answer ALL fields for each provider. Any fields left blank will prevent e-filing.

Please enter the info below for the Child Care Service or the Person that provided Child Care.

If more than 2 providers, reprint this page, add the additional, then attach to the organizer.

Provider or Person #1

EIN # _____ or Social Security Number _____ - _____ - _____

Name of Service provider or Personal provider _____

Street Address _____ Zip _____

City _____ State _____ TOTAL PAID \$ _____ Phone _____

How much of the total was for> Dependent #1 \$ _____ #2 \$ _____ #3 \$ _____ #4 \$ _____

Provider or Person #2

EIN # _____ <OR> Social Security Number _____ - _____ - _____

Name of Service provider or Personal provider _____

Street Address _____ Zip _____

City _____ State _____ TOTAL PAID \$ _____ Phone _____

How much of the total was for> Dependent #1 \$ _____ #2 \$ _____ #3 \$ _____ #4 \$ _____

TUITION CREDIT

If you are reporting a form 1098-T, please answer the following questions;

Has the American Opportunity Credit (AOTC) or Hope Scholarship Credit been claimed for this student a total of 4 times in PRIOR years? ☐ YES ☐ NO ☐ I don't know

Was the student enrolled at least half-time for at least one academic period towards a college degree for the tax year we are doing? ☐ YES ☐ NO

Did the student complete the first 4 years of college/university BEFORE the tax year we are working on?
☐ YES ☐ NO

Was the student ever convicted? ☐ YES ☐ NO

Is this form 1098-T for a college/university or grad school? ☐ College/U ☐ Grad School ☐ Neither

IRA's

How much did you, or want to, contribute? Do not include amounts already reported on your W2.

TRADITIONAL

- ☐ Taxpayer 1 > Contributed \$_____ ☐ Taxpayer 2 > Contributed \$_____
- ☐ Taxpayer 1 waiting to be told how much they can contribute. You have until April 15th.
- ☐ Taxpayer 2 waiting to be told how much they can contribute. You have until April 15th.

ROTH

- ☐ Taxpayer 1 > Contributed \$_____ ☐ Taxpayer 2 > Contributed \$_____
- ☐ Taxpayer 1 waiting to be told how much they can contribute. You have until April 15th.
- ☐ Taxpayer 2 waiting to be told how much they can contribute. You have until April 15th.

SEP

- ☐ Taxpayer 1 > Contributed \$_____ ☐ Taxpayer 2 > Contributed \$_____
- ☐ Taxpayer 1 waiting to be told how much they can contribute. Have until Oct 15th if you get an extension.
- ☐ Taxpayer 2 waiting to be told how much they can contribute. Have until Oct 15th if you get an extension.

OTHER TYPE > Name of Other Type of IRA > _____

- ☐ Taxpayer 1 > Contributed \$_____ ☐ Taxpayer 2 > Contributed \$_____
- ☐ Taxpayer 1 waiting to be told how much they can contribute
- ☐ Taxpayer 2 waiting to be told how much they can contribute

ALIMONY

I Received Alimony > I received \$_____

Divorce Final Date (mm/dd/yyyy) ____/____/____

Received by: ☐ Taxpayer 1 ☐ Taxpayer 2

I Paid Alimony to First & Last Name _____

Social Security Number _____ - _____ - _____

Divorce Final Date (mm/dd/yyyy) ____/____/____

The Amount I Paid > _____

Paid by: ☐ Taxpayer 1 ☐ Taxpayer 2

ESTIMATED TAXES

READ THE EXPLANATIONS AND DIRECTIONS CAREFULLY.

ESTIMATED TAXES PAID TO FEDERAL

Taxpayer 1

Date Paid ____/____/____ Amount \$ _____

Date Paid ____/____/____ Amount \$ _____

Date Paid ____/____/____ Amount \$ _____

Date Paid ____/____/____ Amount \$ _____

Taxpayer 2

Date Paid ____/____/____ Amount \$ _____

Date Paid ____/____/____ Amount \$ _____

Date Paid ____/____/____ Amount \$ _____

Date Paid ____/____/____ Amount \$ _____

ESTIMATED TAXES PAID TO STATE

Taxpayer 1

Date Paid ____/____/____ Amount \$ _____ STATE ____

Date Paid ____/____/____ Amount \$ _____ STATE ____

Date Paid ____/____/____ Amount \$ _____ STATE ____

Date Paid ____/____/____ Amount \$ _____ STATE ____

Taxpayer 2

Date Paid ____/____/____ Amount \$ _____ STATE ____

Date Paid ____/____/____ Amount \$ _____ STATE ____

Date Paid ____/____/____ Amount \$ _____ STATE ____

Date Paid ____/____/____ Amount \$ _____ STATE ____

New Clients Only > Did you have any Federal and/or State refunds rolled over from last year's taxes?

☐ YES > You must show us the previous year's tax return to verify the amounts rolled over.

What IS an estimated tax?

Generally, if you don't know what an estimated tax is, the chances are that you did NOT pay any.
So move on and leave this blank. Don't be putting any numbers in here!

Estimated taxes are payments YOU make the year BEFORE it is time to do your taxes. You make these payments in anticipation of owing at tax time because you made money that didn't have taxes withheld.

For example, you worked for one day for a caterer as a waiter. You got the job from a job placement agency. They gave you your full pay of \$100 with no taxes taken out. They give you a 1099-NEC for \$100. You voluntarily pay estimated taxes before the end of the year to the IRS and/or State to cover any tax liability for that \$100 income. So you give \$25 to the IRS and \$5 to the State.

Other examples of situations for paying estimated taxes: Receive 1099's, Sole Proprietor, Own a Corp, Big profits from selling stocks or home, anything where you make \$ and the taxes weren't already withheld.

What is NOT an estimated tax?

The taxes withheld on your W2 are NOT estimated taxes. Why would we make you write down those amounts if they are already reported on your W2???

What about the taxes I ended up paying when you did my tax returns last year?

No! Those also are NOT estimated taxes. Those are Income Taxes Paid.

I SOLD MY HOME / INVESTMENT

☐ This was my primary residence ☐ This was an Investment Property

Date of Purchase (mm/dd/yyyy) ____ / ____ / ____

Date Sold (mm/dd/yyyy) ____ / ____ / ____

Purchase Price \$ _____

Closing Costs & Other Fees \$ _____

*Cost of Capital Improvements \$ _____

**This can include extensions, additions, upgrades and improvements.*

Selling Price \$ _____

*Selling Expenses \$ _____

**This can include Realtor commissions, advertising, staging, catering, cleaning, repairing, lawyer.*

of days used in last 5 years \$ _____

of days lived in last 5 years \$ _____

Recently widowed taxpayer eligible for MFJ exclusion ☐ YES

FOREIGN ACCOUNTS

Fill this out only if you answered YES to page 2 the Foreign Accounts question.

Name of Foreign Bank _____

Bank's Foreign address _____

Bank Phone # _____

Routing # _____

Account # _____

Which month had the highest balance? _____

How much was that balance? _____

DEPRECIATION & EV CREDITS

ITEMS TO DEPRECIATE

Items such as any AUTO, BUILDING, EQUIPMENT, ASSET, RENTAL, FURNITURE, etc
If you need more space, print another copy of this page and attach.

Description of Item: _____
 Purchase Price: _____

Date of Purchase: _____
 Business % Use: _____

Description of Item: _____
 Purchase Price: _____

Date of Purchase: _____
 Business % Use: _____

Description of Item: _____
 Purchase Price: _____

Date of Purchase: _____
 Business % Use: _____

Description of Item: _____
 Purchase Price: _____

Date of Purchase: _____
 Business % Use: _____

ELECTRIC VEHICLE CREDIT FOR AUTO/TRUCK YOU OWN

1. Year, make and model of vehicle: _____
2. Vehicle Identification Number: _____
3. Enter date vehicle was placed in service: _____
4. If it is a two-wheeled vehicle, enter the cost of the vehicle: \$ _____
5. If the vehicle has at least four wheels enter the credit allowable: \$ _____

Here are the EV Credit requirements:

- Verification that the original use of the vehicle begins with the purchaser.
- You placed the vehicle in service during the tax year.
- The original use of the vehicle began with you.
- You acquired the vehicle for use or to lease to others, and not for resale.
- You used the vehicle primarily in the United States.
- You are the owner of the vehicle. If the vehicle is leased, only the lessor may be entitled to the credit.

MEDICAL PREMIUMS

HEALTHCARE

Medical Premiums paid for the year. Do not list other medical expenses here. Only the premiums. Yes, you can include the premiums paid for your dependents. Doesn't matter which line you use.

- ☐ Taxpayer 1 is NOT self-employed, NOT a Corp, NOT an LLC. My employer paid for my health insurance.
- ☐ Taxpayer 2 is NOT self-employed, NOT a Corp, NOT an LLC. My employer paid for my health insurance.
- ☐ T1 and T2 are NOT self-employed, NOT a Corp, NOT an LLC. One spouse's employer paid for all of us.

- ☐ Taxpayer 1 is NOT self-employed, NOT a Corp, NOT an LLC.

My employer did not pay or they partially paid for my health insurance. I paid \$ _____

- ☐ Taxpayer 2 is NOT self-employed, NOT a Corp, NOT an LLC.

My employer did not pay or they partially paid for my health insurance. I paid \$ _____

- ☐ T1 and T2 are NOT self-employed, NOT a Corp, NOT an LLC.

Our employers did not pay or they partially paid for our health insurance. We paid \$ _____

- ☐ Taxpayer 1 is self-employed, or owns a Corp or an LLC. I paid for my own insurance. I paid \$ _____

- ☐ Taxpayer 2 is self-employed, or owns a Corp or an LLC. I paid for my own insurance. I paid \$ _____

- ☐ T1 and/or T2 is self-employed, or owns a Corp or an LLC. One spouse covered both. I paid \$ _____

- ☐ Taxpayer 1 had no health insurance.

- ☐ Taxpayer 2 had no health insurance.

MEDICAL EXPENSES

Other Medical Expenses > Taxpayer 1 \$ _____ Taxpayer 2 \$ _____ or Family \$ _____

Yes, you can include expenses paid for your dependents. Doesn't matter which line you use.

Other Medical Expenses can include the following; Co-Pay, Deductibles, Office Visits, Prescriptions, Dental premiums and expenses, Vision/Glasses, Therapy, Fertility expenses, Exams, Medical supplies & equipment.

Number of medical miles > Taxpayer 1 _____ Taxpayer 2 _____ or Family _____

Long Term Care Premiums* > Taxpayer 1 \$ _____ Taxpayer 2 \$ _____

**LTC is a plan that pays for a nurse when you're old & sick so that your family isn't burdened.*

If you and/or your spouse are **NOT** a Corp or LLC or a Sole Prop, then fill out this worksheet.
If you are a Corp, LLC or Sole Prop, go to Table of Contents on page 13 to find your destiny.

\$_____

\$_____

\$ _____

FYI's, BTW's, Backstory, Explanations, Questions > Use this page to provide us with any additional information about your tax return and ask your questions. Please keep all notes, stories, questions and other info on this page, as best as you can. If you need additional pages, you can fill out another blank copy of this page and upload it or attach it. The purpose of this page is so that you don't send us an additional 5000 emails, voicemails, etc for us to keep track of.

[illegible]

TABLE OF CONTENTS (for Expenses & Deductions)	Page(s)
SOLE PROPRIETOR, SELF EMPLOYED, INDEPENDENT CONTRACTOR DBA (but not incorporated) RECEIVED 1099-NEC RECEIVED 1099-K SINGLE MEMBER LLC that is NOT taxed as an S Corp	pp. 14-18 pp. 14-18 pp. 14-18 pp. 14-18 pp. 14-18
LLC TAXED AS AN S CORP CORPORATIONS (S Corp & C Corp) PARTNERSHIPS	pp. 20-24 pp. 20-24 pp. 20-24
PROPERTY RENTAL IN YOUR NAME AND SOC SEC # PROPERTY RENTAL SINGLE MEMBER LLC PROPERTY RENTAL PARTNERSHIP LLC PROPERTY RENTAL S CORP	pp. 19 pp. 14-15,19 pp. 19, 20-22 pp. 19, 20-22
INCOME THAT IS NOT BEING REPORTED ON ANY TAX FORM (NO 1099, NO W2, NOT REPORTED TO THE IRS)	pp. 14-18
CASH THAT IS NOT BEING REPORTED ON ANY TAX FORM (NO 1099, NO W2, NOT REPORTED TO THE IRS)	pp. 14-18
Home Office & Auto / DMV Expenses for SOLE PROP / SINGLE MEMBER LLC Home Office for CORPORATIONS & PARTNERSHIPS Auto / DMV Expense for CORPS & PARTNERSHIPS:Go to Auto/Truck Expense Deduction FAQ'S Creative Artist / Entertainment Industry Expenses Tax Prep CHECKLIST Earned Income Credit and Head of Household CHECKLIST	pp. 16 pp. 24 pp. 22 pp. 25 pp. 26 pp. 27 pp. 27
<p><u>Q: I am W2 and 1099 and/or Sole Prop</u> A: Fill out pages 14-18, forget about your W2 stuff, the 1099 stuff is what benefits you. Act like all your expenses are 1099 related.</p> <p><u>Q: I am W2, my wife is 1099 and/or Sole Prop</u> A: Fill out pages 14-18, forget about your W2 stuff, your Spouse' expenses will help both of you. Act like all your expenses are 1099 related.</p> <p><u>Q: I pay for some stuff, my wife for the other stuff</u> A: Doesn't matter, claim it ALL on the Spouse with the 1099s and/or Sole Prop and/or Corp/LLC.</p> <p><u>Q: I don't have an LLC or Corp or Sole Prop. I am just W2. Same with my spouse.</u> A: Ask your preparer how you can claim expenses on your State return.</p>	

SOLE PROPRIETOR

SCHEDULE C

DO NOT USE THIS PAGE FOR W2's, UNEMPLOYMENT, CORPORATIONS OR PARTNERSHIPS.

ONLY for any the following situations:

Sole Proprietor, Self Employed, Independent Contractor, DBA

Single Member LLC (that is **NOT** taxed as an S Corp)

Property Rental LLC (Only if it is a Single Member LLC OR your Spouse is the only other partner)

If you Received 1099-NEC, 1099-K or made income that was NOT reported on a 1099 or W2.

If you have more than one business or Single Member LLC, you must fill out this section for every business.

This business is for > ☐ Taxpayer 1 ☐ Taxpayer 2

If multiple businesses, this is for business # > ☐ 1 ☐ 2 ☐ 3 ☐ 4

Business or Profession / Product or Service _____/_____

Type of business:

☐ Self Employed/Sole Prop/Independent Contractor > Under my name and social security number.

☐ Single Member LLC > Name of LLC _____ EIN # _____

☐ Property Rental LLC > Name of LLC _____ EIN # _____

☐ DBA > Name of DBA _____ EIN #(if any) _____

Business Address:

☐ Same as my home address

☐ Different from my home address. Business address listed below:

Street address _____ Unit # _____

Zip Code _____ City _____ State _____

Additional Information:

☐ I issued, or will issue, form 1099's for people who worked **for me**.

☐ I started or acquired this business this year. This is my first year in this business.

If this is a Single Member LLC we also need the following info:

Date the LLC started: ____/____/____

The Secretary of State File or Entity Number (this is not the EIN) _____

SOLE PROPRIETOR cont'd

BUSINESS GROSS INCOME

DO NOT USE THIS PAGE FOR W2's, UNEMPLOYMENT, CORPORATIONS OR PARTNERSHIPS.

FOLLOW DIRECTIONS VERY CLOSELY

ONLY for the following situations:

Sole Proprietor, Self Employed, Independent Contractor, DBA

Single Member LLC (that is **NOT** taxed as an S Corp)

Property Rental LLC (Only if it is a Single Member LLC OR your Spouse is the only other partner)

If you Received 1099-NEC, 1099-K or made income that was NOT reported on a 1099 or W2.

Pick one of the following:

☐ **ALL** of my income for this Sole Prop or LLC is reported on 1099-NEC and/or 1099-K. Just total them up.

☐ **NONE** of the income for this Sole Prop or LLC is reported on 1099-NEC/1099-K. Gross is \$ _____

☐ **SOME** of my income for this Sole Prop or LLC is reported on 1099-NEC and/or 1099-K.

BUT some of the Sole Prop or LLC income **is not being reported at all** (No 1099, No W2, No tax docs, Nothing)

The **unreported** portion of the income for this Sole Prop or LLC is: \$ _____

DO NOT INCLUDE ANY W2 OR UNEMPLOYMENT ON THAT LINE!!!

BONUS QUESTION:

☐ Check this box if a vendor has **not** indicated whether or not they will 1099 you and you haven't received one yet. The amount in question does **not** get listed above. List it here > \$ _____

ANY RETURNS / REFUNDS ? \$ _____

AUTO EXPENSESThis is for > ☐ Taxpayer 1 ☐ Taxpayer 2This is for business # > ☐ 1 ☐ 2 ☐ 3 ☐ 4

ITEM	TAXPAYER 1	TAXPAYER 2
Business Miles (in Miles not dollars)		
Gas		
Insurance		
License		
Oil		
Rental Fees		
Interest		
DMV Fees		
Repairs		
Tires		
Other > _____		

HOME OFFICEThis is for > ☐ Taxpayer 1 ☐ Taxpayer 2This is for business # > ☐ 1 ☐ 2 ☐ 3 ☐ 4

Sq Footage of Office: _____ Sq Footage of entire home _____	TAXPAYER 1	TAXPAYER 2
Property Tax & Supplemental Property Tax (aka Real Estate Tax)		
Insurance		
Mortgage Interest OR Rent paid for the year		
Repairs & Maintenance		
Utilities		
Other > _____		

DEDUCTION WORKSHEET

BUSINESS IDENTIFIER

DO NOT USE THIS FOR CORPORATIONS or LLCs TAXED AS CORPORATIONS. NO CORPORATIONS HERE!

If you already have a prepared Profit & Loss or similar, you do NOT need to fill this worksheet. Use as reference.

T1 = Taxpayer 1 T2 = Taxpayer 2

This is for business # > ☐ 1 ☐ 2 ☐ 3 ☐ 4

ITEM	T1	T2	ITEM	T1	T2
Phone			Advertising		
Internet			Commissions Fees		
References Research Trades			Insurance (NOT Health)		
Business Gifts			Interest		
Parking Tolls Garage Rent			Tax Prep & Legal Services		
Dues Subscriptions			Office Expenses		
Business Gifts to Charity			Rent Lease (NOT home office)		
Website Domain Hosting			Rent machinery/equipment		
Classes Training Certifications			Repairs Maintenance		
Payment Processing Services			Supplies, Tools		
Job Search			City Taxes Biz License Permits		
Postage Delivery Shipping			Payroll taxes (employees only)		
Transportation			LLC Annual Franchise tax		
Outside Services			Travel Expenses		
Storage			Business Meals		
Coaching Consulting			Utilities (NOT home office)		
Uniforms Shoes Maintenance			Wages (employees only)		
Union Dues			Cost of Goods, Materials		
Marketing Promotion			Other > _____		
Work Electronics, Software			Other > _____		

Got more Expenses you don't see here? Go to the next page (pg 18) > **OTHER EXPENSES**

RENTAL TYPE**RENTAL PROPERTY WORKSHEET**

- ☐ Property Rental is under my name. Use this worksheet.
- ☐ Property Rental is under a Single Member LLC. Use this worksheet & Pages 14-15 Sole Prop.
- ☐ Property Rental is under an S Corp or Partnership. Use this worksheet & Pages 20-22 Small Biz Worksheet.

Physical Address of Each Property

*	STREET ADDRESS	ZIP	CITY	STATE
A				
B				
C				

LOCATIONS	A	B	C
Rental Income			

EXPENSED ITEM	A	B	C
Advertising Costs			
Auto & Travel Expenses			
Cleaning & Maintenance			
Commissions Paid			
Insurance Paid			
Legal & Other Professional Fees			
Management Fees			
Mortgage Interest (paid to banks)			
Other Interest			
Repairs Made to Property			
Supplies			
Property Taxes Paid			
Utilities Paid			
HOA Fees			
Gardener			
Exterminator			
Other > _____			
Other > _____			

SMALL BIZ WORKSHEET

For S Corps, C Corps, LLC's taxed as S Corps, Partnership LLC, Partnership non LLC. **NOT** for Single Member LLC's.

TYPE OF ENTITY

☐ Returning Entity ☐ First time doing this entity with YOU

This is for business # > ☐ 1 ☐ 2 ☐ 3 ☐ 4

ENTITY INFO

☐ S Corp ☐ LLC taxed as S Corp ☐ C Corp ☐ Partnership (multi member) LLC ☐ non-LLC Partnership

EIN # _____

Name _____

DBA (if applicable) _____

Street Address _____ Unit # _____

Zip Code _____ City _____ State _____

Phone number _____

Date of S Corp election (if applicable) (mm/dd/yyyy) ____ / ____ / ____

Business Activity _____ Product or Service _____

Date of Incorporation/Formation (mm/dd/yyyy) ____ / ____ / ____

State of Incorporation/Formation _____

Choose ALL that apply > ☐ First year as an S corp ☐ FIRST tax return ☐ FINAL tax return

☐ Check here if using ACCRUAL accounting method (If unfamiliar with the term, just leave blank.)

Email address _____ State Entity ID# (not EIN) _____

SHAREHOLDERS/OFFICERS

SHAREHOLDER #1: Social Security Number ____ - ____ - ____

First name _____ Middle Initial ____ Last Name _____

Street address _____ Apt # _____

Zip Code _____ City _____ State ____ Resident State ____

Phone number _____ Email address _____

Title _____ Signs return? ☐ YES Ownership % ____ W2 compensation \$ _____

SHAREHOLDER #2: Social Security Number _____ - _____ - _____

First name _____ Middle Initial _____ Last Name _____

Street address _____ Apt # _____

Zip Code _____ City _____ State _____ Resident State _____

Phone number _____ Email address _____

Title _____ Signs return? ☐ YES Ownership % _____ W2 compensation \$ _____

SHAREHOLDER #3: Social Security Number _____ - _____ - _____

First name _____ Middle Initial _____ Last Name _____

Street address _____ Apt # _____

Zip Code _____ City _____ State _____ Resident State _____

Phone number _____ Email address _____

Title _____ Signs return? ☐ YES Ownership % _____ W2 compensation \$ _____

SHAREHOLDER #4: Social Security Number _____ - _____ - _____

First name _____ Middle Initial _____ Last Name _____

Street address _____ Apt # _____

Zip Code _____ City _____ State _____ Resident State _____

Phone number _____ Email address _____

Title _____ Signs return? ☐ YES Ownership % _____ W2 compensation \$ _____

Additional Information:

Did this entity issue, or will it issue, 1099's ? ☐ Yes ☐ No

Did you file your Statement of Information or List of Directors ? ☐ Yes ☐ No

Did you renew your Business License and/or report your income for City taxes? ☐ Yes ☐ No

BUSINESS GROSS INCOME

☐ I already have a prepared Profit & Loss. I will be leaving the Gross Income & Expenses section blank.

GROSS INCOME \$ _____ RETURNS AND ALLOWANCES \$ _____

COST OF GOODS SOLD \$ _____ OTHER INCOME \$ _____

EXPENSES			
ITEM	AMOUNT	ITEM	AMOUNT
ACCOUNTING		MARKETING	
ADVERTISING		MEALS	
AUTO/TRUCK EXPENSE		MEETINGS	
BAD DEBTS		MISCELLANEOUS	
BANK CHARGES		OFFICE EXPENSE	
CASH SHORT/OVER		OFFICER COMPENSATION (NON-SHAREHOLDERS)	
CELL PHONE		OFFICER COMPENSATION (SHAREHOLDERS)	
COLLECTIONS		OUTSIDE SERVICES AND CONTRACTORS	
COMMISSIONS		PARKING FEES & TOLLS	
COMPUTER		PENSION, PROFIT SHARING, OTHER PLANS	
CONSULTING		PAYROLL PROCESSING EXPENSES	
DELIVERY		PERMITS & FEES	
DUES & SUBSCRIPTIONS		POSTAGE & SHIPPING	
EDUCATION & TRAINING		PRINTING	
EMPLOYEE BENEFITS		RECRUITING	
ENTERTAINMENT		RENTS	
EQUIPMENT RENTAL		REPAIRS & MAINTENANCE	
GIFTS		SALARIES & WAGES TO NON-SHAREHOLDERS	
INDEPENDENT CONTRACTOR		SALARIES & WAGES TO SHAREHOLDERS	
INSURANCE GENERAL (not Health)		SALES	
INSURANCE BUILDING & EQUIPMENT		SECURITY	
INSURANCE LIABILITY		SOFTWARE	
INSURANCE WORKERS COMP		SUPPLIES	
INSURANCE OTHER > _____		TELEPHONE	
INTEREST		TOOLS	
INTERNET		TRAVEL	
JANITORIAL		UNIFORMS	
LAUNDRY & CLEANING		UTILITIES (not Home Office)	
LEGAL & PROFESSIONAL		WASTE REMOVAL	

OTHER EXPENSES**Did we miss anything? Got more?**

NAME OF ITEM	AMOUNT

TAXES PAID BY ENTITY

NAME OF ITEM	AMOUNT
TOTAL TAXES PAID <i>if actual breakdown unknown. If breakdown is known, use spaces below.</i>	
Annual Franchise Tax	
State Entity Income Tax	
City Tax, Business License	
Payroll tax	
Statement of Information or List of Directors	
Other Taxes > _____	

Small Biz Worksheet continued

HOME OFFICE EXPENSES FOR MY ENTITY

Claim Home Office Expenses for your S-Corp, C-Corp, Multi-Member LLC, Partnership, LLC taxed as S Corp.

Square Footage of Office: _____ Square Footage of entire home/unit: _____

ITEM: <i>Do NOT give a calculated percentage. We will do the math.</i>	Annual Amount Paid
Property Tax & Supplemental Property Tax (aka Real Estate Tax)	
Insurance	
Mortgage Interest OR Rent paid for the year	
Repairs & Maintenance	
Utilities	
Other > _____	

DIRECT DEBIT

This is for California Corporations and LLC's only.

☐ Check this box if you want your entity's California State Income Tax to be direct debited from your business checking account.

NOTE: California does not allow direct debit for the annual \$800 franchise fee, that is too convenient. You can only debit additional Corp or LLC State Income tax above the \$800 fee.

Name Of Bank _____

Routing # _____

Checking Account # _____

DEDUCTION WORKSHEET FAQ

What is the difference between Cost of Goods, Office Expenses & Supplies?

As long as you have documentation, it doesn't matter which one you use. But here are examples anyway;

- You buy records from Ebay then resell them for profit at the Flea Market. The money you paid Ebay is the **Cost of Goods**.
- You buy pens, pencils, envelopes, sticky notes, paper clips and staples for your office. The money you spent at Office Depot are **Office Expenses**.
- You buy a case of water bottles for your clients' meetings. The money you spent at Costco is **Supplies**.

What are Outside Services?

- If you paid somebody to work or who did work for you, and you gave them a 1099-NEC, that is **Outside Services that you 1099'd**. If you didn't issue them a 1099, that is **Outside Services not 1099'd**.

What are Research References & Trades?

- Any source you use to educate, inform, update, network, compare or improve your craft, is considered Research or Reference such as; Cable, Satellite TV/Radio, Streaming, CDs, DVDs, Concerts, Plays, Movies, Tapes.
- Example > You are a chef. You pay for a cable subscription to watch the FOOD NETWORK.
- Trades are books, magazines, journals, manuals, pamphlets, publications.
Example > You are an actor, you buy VARIETY MAGAZINE.

Do I write off my Internet under HOME OFFICE EXPENSES or under INTERNET on the Deduction Worksheet?

- Under INTERNET on the Deduction Worksheet

I received 1099-MISC and 1099-G. Where do I input those?

- It does NOT get inputted into the Organizer. Just provide us with the actual 1099's.

How do I know what is a write-off and what isn't?

- You don't need to. Give us ALL of your expenses and we will cherry pick what you can claim.

CREATIVE ARTIST EXPENSES

Additional write offs for Fitness Models, Influencers, Social Media personalities, Tik Tokers, Content Producers, Vloggers, Instagram, YouTubers, Hosts, Photographers, Journalists, Reporters, Musicians, DJ's, Artists, Models, Dancers, Onlyfans, Actors, Writers, Producers, Directors, Crew, Entertainment Industry, Creatives

NOTE: Do NOT double list an expense here if you already claimed it on the DEDUCTION WORKSHEET.

INSTRUCTIONS

If you filled out pages 14-18, you can list these expenses and their amounts on page 18.

If you filled out pages 20-24, you can list these expenses and their amounts on page 23.

Agent & Manager Commissions
Cameras
Casting Workshops, Seminars
Character Hair Stylist, Wigs, Extensions
Classes, Theatre Groups, Membership
Coaching
Demo Reel Production & Replication
Editing Machines
Gifts to Agents
Instruments, Musical Supplies
Online Casting sites (ie LA Casting)
Online Marketing sites (ie IMDB)
Online Video Apps (ie Vimeo, YouTube)
Performance Make-Up
Performance Nails
Performance Wardrobe & Costume
Photography and Reproduction Costs
Portfolio Expenses, Resume
Production Costs
Publicist
Recording Fees
SAG-AFTRA, AEA, Dues & Initiation
Set Design
Sheet Music, Scripts
Showcase & Theatrical Expenses
Stage Crew, Roadies
Studio, Stage, Rehearsal Hall Rentals
Stunt Equipment, Props
Taped Audition Expenses
Voice Over Expenses

CLAIMS

If you are claiming any of the following:

- EARNED INCOME CREDIT
- CHILD TAX CREDIT, ADOPTION CREDIT, OTHER DEPENDENT CREDIT
- TUITION CREDIT, EDUCATION CREDIT, AMERICAN OPPORTUNITY, LIFETIME LEARNING CREDIT
- HEAD OF HOUSEHOLD

THE IRS REQUIRES ALL OR SOME OF THE FOLLOWING FOR YOURSELF AND THOSE YOU ARE CLAIMING;

- ID
- SOCIAL SECURITY CARDS
- FORM 1098-T
- REPORT CARDS OR SCHOOL RECORDS
- MEDICAL RECORDS, INSURANCE PROVIDER STATEMENTS, 1095 FORMS
- COURT DOCUMENTS, DIVORCE DECREES
- BIRTH CERTIFICATES
- EXPENSE SHEETS/RECEIPTS/ACCOUNTING RECORDS
- LEASE/MORTGAGE STATEMENTS
- STATEMENTS FROM PLACEMENT AGENCIES, SOCIAL SERVICES, WORSHIP, EMPLOYMENT, CHILDCARE
- **ANY DOCUMENTATION THAT CAN BE USED TO SUBSTANTIATE AND CONFIRM YOUR CLAIMS**

TAX PREP CHECKLIST

1. W2
2. 1099-NEC, 1099-MISC, 1099-INT, 1099-DIV, 1099-A, 1099-B, 1099-C, 1099-G, 1099-K, 1099-OID, 1099-Q, 1099-R, 1099-S, 1099-SA, RRB-1099, SSA-1099
3. 1098, 1098-E, 1098-T, 1098-C
4. K1
5. UNEMPLOYMENT 1099-G, STATE REFUND 1099-G
6. 1095-A, 1095-B, 1095-C, CA Form FTB 3895
7. EDUCATOR EXPENSES (up to \$250)
8. TRADITIONAL, ROTH IRA, SEP, KEOUGH, SIMPLE CONTRIBUTIONS
9. ALIMONY RECEIVED, ALIMONY PAID
10. SALE OF HOME
11. HEALTH INSURANCE PREMIUMS AND EXPENSES
12. CHILD CARE EXPENSES INFO
13. ADOPTION CREDIT
14. PROPERTY TAXES, MORTGAGE INSURANCE PREMIUMS (PMI)
15. RENTAL PROPERTY INCOME & EXPENSES
16. HOME OFFICE EXPENSES
17. ANY MAIL THAT SAYS "IMPORTANT TAX DOCUMENTS ENCLOSED"
18. CHARITY DONATION INFO
19. ESTIMATED TAXES PAID, PREVIOUS YEAR'S REFUND ROLLED OVER
20. DEDUCTIONS, EXPENSES, WRITE OFFS
21. ARE YOU BLIND? ARE YOU OVER 65?
22. NEW CLIENTS, BRING LAST YEAR'S TAX RETURNS
23. DID YOU MOVE? WERE YOU OUT OF THE COUNTRY? NEED DATES AND STATES
24. DID YOU OR YOUR SPOUSE RECEIVE AN IDENTITY PROTECTION PIN FROM THE IRS?
25. NEED DRIVER LICENSE OR STATE ID AND SOC SEC CARD FOR YOU, SPOUSE & DEPENDENTS
26. DID YOU RECEIVE, SELL, SEND, EXCHANGE OR ACQUIRE ANY VIRTUAL CURRENCY?